


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 07, 2005 8:00 am
Secretary of State

01-31-2005 90195 049 ****50.00

DOCUMENT # L04000035155 1. Entity Name PINKIE, LLC			
Principal Place of Business 6130 WATERS WAY SPRING HILL FL 34607 <i>Pinkie LLC</i>		Mailing Address 6130 WATERS WAY SPRING HILL FL 34607	
2. Principal Place of Business <i>6130 Watersway</i> <i>Spring Hill</i>		3. Mailing Address Suite, Apt. #, etc. 	
City & State <i>Florida</i>		City & State 	
Zip <i>34607</i>		Country <i>USA</i>	
4. FEI Number <i>201154546</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SASSER, DAVID C 29 SOUTH BROOKSVILLE AVENUE BROOKSVILLE FL 34601		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>President</i> <i>Patricia e. Posey</i> <i>6130 Watersway</i> <i>Spring Hill FL 34607</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>Patricia e Posey</i> <i>Patricia e Posey</i> <i>1-24-05</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			